



## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
or P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: (808) 587-0460 FAX: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

'13 JAN -8 A11 :35

NOTE: This is a public document.

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII  
STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Robert	Ogawa	T.	521-4265
MAILING ADDRESS (Street)			FAX 545-8369
1188 Bishop Street, Suite 3105			EMAIL bob.ogawa@att.net
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

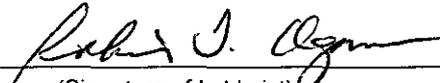
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Long Term Care Association			
MAILING ADDRESS (Street)			FAX
All contact information same as above			EMAIL
(City)	(State)	(Zip Code)	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Robert T. Ogawa			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture                               | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
 \_\_\_\_\_  
 (Signature of Lobbyist)

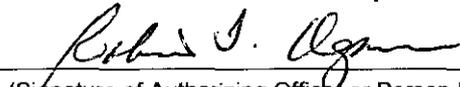
1/6/13

\_\_\_\_\_  
 (Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Robert T. Ogawa		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaii Long Term Care Association			
MAILING ADDRESS (Street)		FAX	
All contact information same as above		EMAIL	
(City)	(State)	(Zip Code)	

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
 \_\_\_\_\_  
 (Signature of Authorizing Officer or Person Represented)

1/1/13

\_\_\_\_\_  
 (Date)